Goals and Objectives

Area:

## Child’s Name: Date of Birth: Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What we want to happen (Long-Term Goal)** | **Criteria** | **Evaluation Procedure** | **Review Date:** | **Annual Review Date:** |
|  |  |  | **Progress made toward goal (based on the criteria and evaluation):** | **Progress made toward goal (based on the criteria and evaluation):** |
| What the child will learn (Short-Term Objectives): | | |  |  |
|  | | | **Is the progress sufficient for the child to meet this goal?**  **If not, what changes are planned?** |  |

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|  |  |  | **Progress made toward goal (based on the criteria and evaluation):** | **Progress made toward goal (based on the criteria and evaluation):** |
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